

23. *Climacteric Insanity in the Male*.—Dr. FRANCIS SKAL gives (*Edinburgh Medical Journal*, September, 1865) the following conclusions as the result of his investigations on this subject:—

"1. That there occurs in men between the ages of 48 and 60 a form of insanity, accompanied by more or less constitutional disturbances, which, in its symptoms, progress, and results, is identical with the insanity met with at the climacteric period in the female, and which may therefore with propriety be called climacteric insanity in the male.

"2. That the symptoms of this form of insanity are so characteristic as to render it easily recognizable.

"3. That this is the most curable form of insanity associated with melancholia which occurs in men, the recoveries being in the ratio of 56.7 per cent.

"4. That the duration of the insanity in curable cases rarely exceeds four months.

"5. That this form of insanity, apart from suicide or organic disease, rarely tends to a fatal termination.

"6. That the most important indications of treatment are—early removal from associations and friends; careful watching; occupation, as especially out-of-door work; nutritious diet; and the judicious administration of narcotics."

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

24. *Osteo-myelitis*.—Dr. J. FAYRER, Prof. of Surgery in the Medical College, Calcutta, makes (*Indian Annals*, Jan. 1865) some interesting remarks on this affection, which has been the subject of several very important original papers in this Journal from some of our army surgeons.

Dr. F. says that he has not been able to satisfy himself thoroughly as to the cause of this affection. For a long time he was disposed to attribute it to the bad sanitary condition of the Indian hospitals. "I am now persuaded that although unfavourable conditions of this character increase the liability, and may, in some instances, determine the occurrence of a disease, which under more favourable circumstances would be absent, yet that these alone are not sufficient to account for a condition which makes its appearance when other cases are doing well, and when other parts of the same wound are perfectly healthy and undergoing vigorous repair. It is not at all unusual to see an amputation in which part of the bone has perished, whilst the soft parts of the stump are healthy, and whilst other surgical cases in the same ward are doing well; the aspect of the cases, generally, in hospital also being favourable.

"Much has been written on the after-conditions and unfavourable results of amputations. Necrosis of the end of the bone, retraction of the soft parts, sloughing, hemorrhage, and other untoward events are fully described; but none of these have I found to be of half so much importance, or to give rise to so much anxiety and so many failures, as the disease which I wish to describe. With reference to the mode of amputating, as a possible cause, I feel satisfied that the disease is not attributable to careless or imperfect division of the periosteum before the bone is sawn across, for I am particularly careful in all cases to divide the periosteum thoroughly with a knife, before applying the saw, in order to avoid fraying, or stripping it from the end of the bone.

"I do not say that this peculiar affection of the bone has been overlooked, but it does not appear to have attracted so much attention as it merits: the short notice it receives in most surgical works, and its absence from the Indian medical periodicals, would indicate that it has not generally been found a common affection.

"In calling attention to what I regard as a very dangerous and not unfrequent pathological result of amputations, I would especially dwell upon one important point, the question of re-amputation, at an early period, above the

next joint, before the bone above the affected one, or the constitution itself, have suffered from septic contamination, and ere the lungs or other internal organs have become the seat of changes which are the almost certain precursors of death.

"Again, in compound fractures I would urge the importance of closely examining and removing any portions of bone that have sustained serious injury to the periosteum or medulla by contact with the ground or other hard substance. It is of course impossible here to indicate the exact extent of injury that should determine the removal of such a portion of bone; but in general terms it may be said that injury to the periosteum, such as causes denudation of the bone, crushing, or comminution of its cancellated texture, being likely to give rise to inflammation therein, may render it more expedient to remove a portion of the bone than to retain it within the wound. I have no wish to advocate unnecessary removal of bone; but speak of a special condition under peculiar local or endemic disadvantages. I am satisfied that osteo-myelitis is liable to follow such accidents insidiously, and am equally satisfied that it is better to anticipate the evil and (with the injured portion of bone) remove the danger.

"The same principles apply with equal force in amputation where symptoms of medullary suppuration make their appearance. In such a case the sooner re-amputation is had recourse to the greater the prospect of saving the patient's life. A nice point for consideration will be the chances of arrest of the mischief and extrusion of the dead portion, as happens in ordinary cases of necrosis and exfoliation. But here it is to be borne in mind that the dangers of systemic poisoning are greater, under the most favourable circumstances, in suppuration and exfoliation of a portion of the interior and medulla of a bone, than in necrosis and exfoliation from the exterior. Risk of life is not to be pushed too far in attempting to save a portion of bone, or even a limb. I would not lay undue stress upon the importance or danger of simple necrosis of a portion of the end of the bone in a stump, even though the inner part of the bone be the part affected; for this takes place frequently enough, and though a serious cause of delay in the healing of the stump, it is not, when limited, necessarily attended with danger to life.

"It is of the diffused suppuration extending from the cut end, up the shaft of the bone in the medulla, infiltrating that tissue with pus and causing death of the inner portion of the bone; in youth up to the epiphysis, later in life, to the very head of the bone itself, with the great attendant dangers of fatal pyæmia, that I urge the importance. It is a notorious fact that purulent infection—pyæmia, septicæmia, or whatever it may be called, is most prone to occur as a result of injuries of bones, and I believe that there is no condition so certain to induce it as osteo-myelitis, or suppuration of the medulla.

"It is, therefore, to be most carefully watched for, and I cannot agree with those authorities, who regard it as difficult of detection, especially after an amputation. Upon the earliest appearance of the symptoms which indicate its advent the bone ought to be at once examined, the medulla should be most carefully looked into. This, like the cortical part of the bone, may perish in part, a line of demarcation may be set up, and the dead portion be thrown off as an entire ring of bone of an irregular shape; but as far as my experience here informs me the tendency to limitation of suppuration in the medulla is very small, whilst extension is most frequent; this, in young persons, may be arrested at the epiphysis, but even there it has a tendency to extend, and later in life the whole bone is liable to be affected, and, if left in contact with the next bone in the articulation, to extend to it also.

"The earliest symptoms of systemic infection should, therefore, be watched for, and when detected the sooner the affected bone is removed the better; and as the most effective mode of doing this is to amputate at, or above the next joint, formidable though the operation may be, it is right I believe to do nothing less.

"I am convinced that I have saved some lives by this treatment, and though it needs firm reliance on the principles on which that treatment is founded to justify one in amputating above the joint when apparently amputation through the shaft of the bone is feasible, and when the patient is suffering from the irrita-

tion of incipient blood poisoning, with the pulse at 140, and with evidence of mischief already developed in the lungs, yet I should feel that in doing so I was substituting a chance of life for a certainty of death, and without hesitation I would give the patient that chance.

"I need hardly say that the operation must not be too long postponed, or it will be too late to save the patient from the effects of blood contamination.

"The proper time for amputation in cases of diffused osteo-myelitis is not difficult to determine. It should be as soon as possible after you have ascertained that the bone is affected; and the mode of arriving at this knowledge is simply the passage of a long probe down the medulla.

"Should it impinge on healthy and bleeding medulla near the surface, you may, if the constitutional symptoms permit, wait and see if nature is about to limit the suppuration and throw off the diseased bone. Such expectations are, in my experience, rarely realized, and the doubt is generally resolved, not in favour of the bone.

"However, this is one of the nice points of discrimination in the treatment, and for which no absolute rules can be laid down. The constitutional signs, the state of the pulse, respiration and temperature, would be important indications of the state of the disease: and they cannot be too carefully studied; a pulse over 120, persistent temperature above 104; bronchial râles, hurried breathing, tenderness over the hypochondria, are symptoms that give rise to serious anxiety on their first appearance, and very speedily decide the fate, if not of the patient, of his limb."

25. *Treatment of Hereditary Syphilis without Mercury.*—In a paper by Mr. R. W. DUNN read before the Royal Medical and Chirurgical Society (Nov. 14, 1865) the author first narrated the particulars of some cases of hereditary syphilis which had come under his observation at the Farringdon Dispensary, and which he had successfully treated with chlorate of potash, without using mercury in any form whatever. Out of fifty cases which he had thus treated, he had met with only one case of relapse, which readily yielded to a repetition of the same treatment; and three deaths, one child dying of convulsions, and the other two being in a dying state when first seen by him. The author then entered upon the general treatment of syphilis, briefly alluding to, and giving the names of, those who have advocated the non-mercurial treatment. On the authority of the *British and Foreign Medico-Chirurgical Review*, he stated that from 1800 to 1835 about 80,000 cases of syphilis had been treated without mercury. He rejoiced in the belief that non-mercurial treatment was gaining ground amongst the profession; and owing to having been so often disappointed himself in the results of specific treatment, he had now abandoned completely the use of mercury in any form in the general treatment of syphilis. In the treatment of hereditary syphilis, he considered that we must be guided by the same general rules which we observe in treating other diseases. All remedies of a depressing or lowering character ought to be avoided; and, on the other hand, tonics, cod-liver oil, strict diet, and extreme cleanliness, were essential to successful treatment. He bore evidence to the marvellous effects upon children of chlorate of potash in combination with hydrochloric acid in this disease. Where the skin was very irritable, he recommended a bran bath, the bowels to be carefully regulated, and the child to be out in the pure air as much as possible. Sixty-three days was the longest period any child had been under his treatment, and eighteen days the shortest, the average time being about thirty days.

Mr. HENRY LEE said that if the experience of other practitioners confirmed the results mentioned by Mr. Dunn, it would leave nothing to be desired with regard to the treatment of syphilis. Unfortunately, however, such was not the case. Out of the number of instances that Mr. Dunn had referred to, a relapse was recorded in one case only; and the death-rate of infantile syphilis was as low as 6 per cent. These results proved too much. They were altogether at variance with the experience of those who treated this disease either with or without mercury. Thus, for instance, we are informed in Professor Boeck's published work that out of forty-two children treated by him without mercury, twenty-two died; and these cases were independent of those who died without